Fill in this inform	ation to identify your case:	
Debtor 1	Gregory Freeman	
Debtor 2 (Spouse, if filing)		_
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	18-12236	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapte13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status*	■ Em	ployed	■ Employed
	attach a separate page with information about additional	Employment status*	☐ Not	t employed	☐ Not employed
	employers.	Occupation	mech	anic	home health care worker
	Include part-time, seasonal, or self-employed work.	Employer's name	Gene	ral Auto Repairs LLC	BMG Circle of Life LLC
	Occupation may include student or homemaker, if it applies.	Employer's address	. •	Belfield Street delphia, PA 19141	668 Woodbourne Road, Suite 105 Langhorne, PA 19047
		How long employed th	nere?	13 years	2 years
				*See Attachment for Add	itional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 1,684.76

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Gregory Freeman	_	C	Case number (if k	nown)	18-122	236		
	Cor	by line 4 here	4.		For Debtor 1	0.00		ebtor 2 or iling spou 1,684	se	
E	-				<u> </u>	<u> </u>	¥	1,004		
5.		t all payroll deductions:	-	_	Φ.		•			
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b			0.00	\$	312		
	5c.	Voluntary contributions for retirement plans	50		· —	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	50			0.00	\$.00	
	5e.	Insurance	5e		· ——	0.00	\$.00	
	5f.	Domestic support obligations	5f		\$	0.00	\$	0	.00	
	5g.	Union dues	50	g.	\$	0.00	\$	0	.00	
	5h.	Other deductions. Specify:	5h	า.+	\$	0.00	+ \$	0	.00	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	\$	312	.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$	1,372	.76	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	2	\$		\$	200	.00	
	8b.	Interest and dividends	8b		·	0.00	\$ 	300	.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		J.	Ψ	<u>J.UU</u>	Ψ		.00	
		settlement, and property settlement.	80			0.00	\$	0	.00	
	8d.	. , .	80			0.00	\$.00	
	8e.	Social Security	86	€.	\$ 970	0.00	\$	0	.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f	·.	\$	0.00	\$	Q	.00_	
	8g.	Pension or retirement income	80	,		0.00	\$.00	
	8h.	Other monthly income. Specify: part time employment	8h	า.+	\$	0.00	+ \$	1,222	2.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	970	0.00	\$	1,52	2.00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	970.00	+ \$	2.89)4.76 = \$	3	3,864.76
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe					hedule J. 11. +\$		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certallies						12. \$ _	3 mbine	3,864.76
13.	Do	you expect an increase or decrease within the year after you file this form	?							income
	П	Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Debtor 1	Gregory Freeman	Case number (if known)	18-12236
Deptor 1	Gregory Freeman	Case number (if known)	18-12236

Official Form B 6I Attachment for Additional Employment Information

Debtor	
Occupation	crossing guard
Name of Employer	City of Philadelphia (School District)
How long employed	
Address of Employer	PO Box 8409
, ,	Philadelphia, PA 19101-8409

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